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Borough of Dartford

ANNUAL REPORT

ON CERTAIN MATTERS
CONCERNING

Public Health

for the year 1961





BOROUGH OF DARTFORD - 1961.

SUMMARY.

The annual increase in the population was less than in recent years.

The annual number of births showed an exceptional increase causing a marked increase in the birth rate.

The pattern of death was that to be expected in an area of S.E. England well provided with social services.

The death rate from cancer of the lung was similar to that of England and Wales but less than that of London.

The death rate from coronary disease was less than that of England and Wales or that of London.

Infant deaths included six possibly attributable to preventable environmental conditions.

Deaths from motor vehicle accidents were more than would be expected from the death rate from this cause for England and Wales.

Measles made its expected appearance.

Vaccination against measles is discussed.

Influenza appeared in 1961.

German measles was unusually prevalent in the first half of the year.

Vaccinations against smallpox, poliomyelitis, diphtheria and whooping cough produced rates which gave cause for satisfaction.

There was no revaccination of school children against smallpox.

The subject of accidents is discussed.

The number of houses built was the smallest of recent years.

At the end of 1961 the number of unfit houses waiting for consideration for demolition or closure was 39.

The Council's first Smoke Control Order was confirmed.

The work of the Council's Public Health Inspectors in the promotion of food hygiene is reflected in numerical information on this subject including the absence of any confirmed case of food infection.



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BOROUGH OF DARTFORD.

Report for the year 1961 on certain matters concerning Public Health.

July, 1963.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF DARTFORD.

Sir, Ladies and Gentlemen,

INTRO-DUCTION As soon as practicable after the end of each year it is the duty of a medical officer of health to make to the local authority a report for that year on the sanitary circumstances, sanitary administration, vital statistics and other public health matters concerning their district. The report that follows is written in compliance with that duty.

July 1963 may seem a liberal interpretation of "as soon as practicable" for a report on 1961. However, the report is addressed to the Local Authority and being largely for local use it can hardly be regarded as a contributor of information to the Annual Report of the Ministry. We therefore wait for the publication of the latter which provides information useful for the comparison of local figures. Furthermore it is a duty that any matter considered desirable should be included in this report, a duty which may demand further time if the opportunity is to be taken of self-instruction on the affairs of the district.

The report that follows provides a table of social conditions to give a glimpse of the nature of our community; then follow the life and death statistics which measure the prospects of rearing a family, the disorders of life and the causes of death; then is given the prevalence of infectious diseases with approximate measurements of our immunity against them.

An essential part of physical environment is provided by the houses in which we live and we therefore present notes on our housing conditions. Houses require water for the occupants and this district not only contains consumers of water but is a gathering ground for the water supplies of neighbouring populations. Having led the water to the houses we must drain it away and, as the water is largely used as a means of carrying away human waste which can be prejudicial to health, we must provide information on our facilities for drainage and our arrangements for disposal. The occupants of the houses then require the air they breathe to be studied and the food they eat to be wholesome and so we outline the measures taken towards these ends.

Even when provided with good shelter, safe water, wholesome

food and clean air, life is not at its best when shared with vermin. We therefore provide information on those verminous conditions of which we are aware. We end with a rudimentary statement on certain conditions at places of work.

POPULATION.

The annual increase in population in 1961 was less than in recent years and as the excess of births over deaths was much the same substantial number as in 1960 the lessened increase in the population was largely due to fewer new comers to the town, a feature which is no doubt related to the fewer houses built. One must however bear in mind that the 1961 population estimate might contain an adjustment due to the census of that year.

BIRTHS. The number of births in 1960 shewed an exceptional increase and for the first time in the last five years there was a marked increase in the birth rate. Somewhat tardily we appear to have taken up the trend of a rising birth rate evident in neighbouring districts and in England and Wales. This is shown in the following table:

	1955	1956	1957	1958	1959	1960	1961
Births Birth rate*	581 13.7	632 15.0	697 16.3		700 15.6		824 17.6
Birth rate (England & Wale	es)15.0	15.7	16.1	16.4	16.5	17.2	17.4

* Adjusted by comparability factor.

Nationally the trend of a rising birth rate is said to be due to earlier marriage and reduced interval between births. The late appearance of this trend here may be linked with the limited scope for expansion of this town.

During the years 1959 to 1961, 159, 183 and 214 births respectively took place at home giving percentages of 23%, 25% and 26%. In the Rural District the percentages were 33%, 34% and 34%. In this administrative area for maternity and child welfare which contains this district, the rural district and three neighbouring districts, the percentages were 23%, 25% and 28%. In England and Wales the percentages were 36%, 35% and 34%. The recommended percentage is 30%. The increase in population of this area without any increase in the number of maternity beds available in the hospitals should mean that the percentage of babies born at home will increase.

DEATHS. The number of Borough deaths showed an increase of 100 over 1960 which latter year was exceptional in that there was no influenza. During February 1961 the figure for sickness benefit more than trebled with the appearance of influenza and while this had an effect on the number of deaths in the first quarter the effect on that quarter was not so great as in 1959 when influenza last appeared.

The percentage of deaths over 75 years of age remained around 40% and similar to the national percentage but the last quarter showed the highest percentage. At 71% the percentage of deaths of residents of Dartford town in hospital was appreciably greater than in the neighbouring districts.

DEATH.

CAUSES OF The proportions of the main causes of death in the town are much the same as in England and Wales, i.e. very roughly one third due to circulatory disease, one sixth to cancer, one sixth to strokes, one sixth to lung disease and one sixth to remainder. Those over 75 contribute about half the deaths due to circulatory disease and about half to respiratory disease. They contribute two thirds of the deaths due to strokes but less than a fifth of those due to cancer. Thus survival of the cancer risk of middle age is followed by the stroke risk of old age.

RESPIRATORY DISEASE.

The number of Town deaths from respiratory disease in 1961 was 75 compared with 63 in 1960. The respiratory deaths mildly reflect the influenza in the first quarter.

Deaths first quarter.

		Respiratory disease.	All causes.
1957	No influenza first quarter	15	89
1958	Virus A2	30	1 53
1959	Virus A2 and B	34	165
1960	No influenza	21	108
1961	Virus A2	28	131

Aged respiratory mortality (i.e. the percentage of respiratory deaths to deaths from all causes) in these years was as follows:-

. = 1				Town		Bexley H	ospital.
				1st qtr.	Year	1st qtr	Year
Aged	respiratory	mortality	1957	20%	16%	23%	30%
11	H	tt.	1958	20%	16%	35%	32%
11	11	91	1959	20%	16%	35%	29%
11	Ħ	11	1960	24%	19%	27%	17%
11	11	11	1961	23%	20%	48%	30%

CANCER.

Town deaths from this cause numbered 75 giving a death rate of 1.7 compared with 2.2 for England and Wales.

Cancer of the lung.

In the years 1957 to 1961 the Town deaths from this cause were:-

	Number	Rate per 1	000 populat	ion
	Dartford Town	Dartford Town	England & Wales	London
1957	10	0.25	0.43	0.61
1958	13	0.32	0.44	0.64
1959	25	0.60	0.46	0.64
1960	27	0.63	0.48	0.70
1961	20	0.46	0.49	0.67

As the number of deaths from this cause is now about a score each year it seems justifiable to infer that at least a score of these growths appear in the population each year and this inference can be made in spite of the fact that there is great variation in the rate of progress of the disease. From figures kindly provided by the Chest Physician we find that in 1961 6 persons of Dartford were found by the Chest Clinic to have the disease and as the Chest Clinic tends to see the early cases we

might from these figures tentatively suggest that only about a third of our lung cancers are being found in their early stages.

Cancer of the uterus.

In the years 1957 to 1961 the Town deaths from this cause were 2, 4, 1, 1, 4. The reason for giving these figures is that screening of the general female population for evidence of the early stages is now possible. The figures suggest that examination of a few thousand women would be necessary to detect one early case.

Leukaemia.

Although only a rare cause of cancer death this disease has drawn public attention owing to its association with radiation hazards. Town deaths for the years 1957 to 1961 have been 3, 6, 2, 1, 2.

CIRCULATORY DISEASES.

Town deaths from this cause continue at around 37% of all causes of death, the same percentage as that of England and Wales. The figures for the years 1957 to 1961 were 130, 165, 151, 148 and 178.

CORONARY DISEASE.

Deaths for the last 5 years have been:

Rate per 1000 population -

	Number Dartford Town.	Dartford Town.	England & Wales	London.
1957 1958	52 76	1.3 1.9	1.70 1.86	1.70 1.84
1959 1960	73 70	1.8 1.6	1.87 2.01	1.89
1961		1.7	2.07	2.05
	346	1.7	1.90	1.90

VASCULAR LESIONS OF NERVOUS SYSTEM. The numbers of Town deaths for the years 1957 to 1961 have been 42, 51, 63, 34 and 47, the average percentage being 11% compared with 14% for England and Wales.

DEATHS
RELATING TO
THE WELFARE
OF MOTHERS

There was one maternal death in 1961 due to subarachnoid haemorrhage.

OF MOTHERS The death rates for infants before and after birth compared AND INFANTS. favourably with those of England and Wales.

The causes of the 17 infant deaths in 1961 were as follows:

Age	Cause	Number.
Less than 1 day -	Prematurity Atelectasis Asphyxia Pulmonary syndrome Intracranial haemorrhage	3 1 1 1
1 - 6 days	Tentorial tear	1
7 - 27 days	Congenital malformation Pneumonia	1
28 - 364 days	Capillary bronchitis (Coroner's Bronchiolitis Pneumonia Tracheobronchitis Gastroenteritis Peritonitis	P.M.) 1 1 1 2 1

With two exceptions all the above deaths occurred in hospital. The number of deaths from causes related to environment is of interest.

DEATHS
THROUGH
VIOLENCE.

Motor vehicle accidents - these were as follows:

Place.

22 years	M	Motor cycle/Car	Dartford Road, Bexley.
23 years	M	Two motor cycles	? Woolwich district.
26 years	M	Motor cycle/wall	Main Road, Sutton at Hone.
30 years	M	Auto cycle/motor cycle	?
45 years	M	Motor cycle	Princes Road.
55 years	M	Car/omnibus	Princes Road.
57 years	F	Car	Public highway - Gloucester.
58 years	M	Pedestrian/car.	Lowfield Street.
69 years	F	Pedestrian/car.	Princes Road/Lowfield St.
69 years	F	Pedestrian/car	Princes Road/Lowfield St.
73 years	F	Pedestrian/car.	?
77 years	M	Motor cycle/bus	Millpond Road.
85 years	M	Pedestrian/lorry	Bridge - Bow Arrow Lane.

Other accidents - Town deaths were as follows:

31 years	M	Fall from roof	At work (removing ariel)
50 years	M	Drowning	Brooklands lake.
66 years	F	Fall due to stroke	Institution.
73 years	M	Fall due to chronic	disease Home
95 years	F	Fall.	Hospital ward.

Suicide. There were two from carbon monoxide poisoning. In this country the suicide rate is greater in the town than in the rural areas. The following comparison is of interest:

	Dartford Town Approx. pop. 1959 - 42,000	Northfleet U.D. Approx. pop. 1959 - 21,000	Dartford R.D. Approx. pop. 1959 - 50,000
1956	8	3	2
1957	3	2	3
1958	7	1	4
1959	4	4	2
1960	7	1	1
1961	2	4	1
	31	15	13

OCCUPATIONAL As has been explained in previous reports, the Registrar MORTALITY. General has classified occupations into the following social groups:-

Class I - Professional etc. occupations.

II - Intermediate occupations.

III - Skilled occupations.

IV - Partly skilled occupations.

V - Unskilled occupations.

The Registrar General has shown rising gradients of mortality in the classes from I to V in certain causes of death, e.g. respiratory tuberculosis, cancer of the stomach, cancer of the lung, heart disease other than coronary, bronchitis, ulcer of stomach and duodenum, accidents at home and on the road.

He has shown downward gradients of mortality from classes I to \boldsymbol{V} in vascular lesions of the nervous system, hypertension and

coronary heart disease.

Here we have been classifying our deaths since 1953 to see how the pattern in Dartford Borough conforms with that of England and Wales and our results are summarised in Table XIII (a) & (b)

Although our classification has precisely followed that laid down by the Registrar General the size of our population makes our figures only capable of rough interpretation. We need to amalgamate classes I with II and IV with V and to discard causes of death to which less than twenty deaths have been allocated. We have to use the proportion of deaths from one cause to that from all causes to show the gradients that exist. The proportions in each class can then be given as a percentage of the proportion shown by all classes. The Registrar General does a similar calculation for all occupied and retired men aged 65 and over.

Our figures can be seen to present a picture similar to that obtained by the Registrar General for England and Wales. If we take two of the diseases mentioned above the Registrar General's figures are as follows:-

Males aged 65+

1950	All					
	Classes	I	II	III	IV	V
Coronary heart disease	100	150	116	101	85	81
Bronchitis	100	50	72	103	107	130

Our locally compiled figures provide the following for males of all ages 1953 - 59.

	All Classes	I and II	III	IV and V
Coronary heart disease	100	125	97	92
Bronchitis	100	70	98	118

INFECTIOUS DISEASES.

Virus infections.

MEASLES. This disease appeared in late 1960 according to the biennial pattern. 515 cases were notified in 1961 with no deaths.

The best way of obtaining immunity to measles is to be infected during school life and in the summer when the child is robust and the lungs are less exposed to other infections. However, postponing the disease until school life is probably the privilege of the eldest child of each family as amongst other sources of infection the younger ones have the disease brought home to them from school.

The following table suggests that the chances of getting measles during school life compared with before school life are a little more than even. (Two tables would be of more interest, one

for the eldest children of families and one for subsequent children).

Notification of measles by age.

Years	0-	1-2	3-4	5-9	10-14	15-24	25-44	Age ?	Total
1950-59	96	524	1044	2600	37	20	25	-	4336
1960 1961	9 10	29 44	100 175	337 269	5 9	1 4	2 1	- 2	483 514
1960-61	19	73	275	606	14	5	3	2	997
Percentages									
1950-59 1960-61	2% 2%	12%	24% 28%	60%	1% 1%	0% 1%	1%	0%	100% 100%

In regard to season, the chances of getting the disease in the warmer months can be assessed from the following tables as a little less than even.

Notification of measles by month.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
1950-59	454	255	620	994	574	213	96	62	25	175	320	533	4336
1960 1961	- 149	- 81	- 117	- 46	1 44	- 47	- 19	2 10	1	66 -	207	206 -	483 515
1960-61	149	81	117	46	45	47	19	12	2	66	207	206	998
Percentages.													
1950-59 1960-61	11% 15%	6% 8%	14%	23% 5%		5% 5%	2% 2%	1% 1%	1% 0%	4% 7%	8% 20%	12% 20%	100%

Thus the chances of getting measles both in school life and in the warmer months of the year are about 1 in 4.

The availability of a vaccine against measles as a means of obtaining immunity is of interest. During the 1961 outbreak a vaccine prepared from living but tame virus was used in a controlled trial in a nearby area (B.M.J. 5.1.63). The vaccine gave complete protection from the disease but three quarters of the vaccinated children had fever and rash after vaccination and one fifth of the children had a more severe reaction. These cases resulting from vaccination were not infectious.

It seems necessary to wait for the virus to undergo further taming before immunisation against measles by a live vaccine becomes practicable.

INFLUENZA

As mentioned above influenza appeared in the first quarter of 1961. The virus was A.2. i.e. the Asian virus of Autumn 1957. The number of deaths assigned precisely to influenza was 4, all over 65 years of age and all except 1 occurred in the first quarter.

POLIOMYELITIS. No case of poliomyelitis occurred in 1961. The last year when a resident here had this disease was 1957 when there were 6 cases. Vaccination against poliomyelitis by the Local Health Authority in this district produced at the end of 1961 a percentage of about 76% of all school children who had had 3 injections and 52% of primary school children who had had 4 injections. These figures give cause for satisfaction but nevertheless our calculations suggest that the rate of acceptance is not as good as

the neighbouring districts.

SMALLPOX.

Three smallpox contacts from S.S. Strathnaver were under observation. At 61% the percentage of 1961 births vaccinated at the age of under one year compared well with that of England and Wales.

There was no revaccination of school children.

GERMAN MEASLES. Returns from the schools showed that this disease was unusually prevalent in the first half of the year.

Bacterial infections.

DIPHTHERIA.

1961 was the fourteenth year in succession in which no diphtheria occurred in this Borough. However the disease did occur in certain Metropolitan Boroughs in 1961 and both virulent and the mild strains of organisms were responsible.

The infant vaccination rate continued its upward trend and at 90% the rate compares favourably with other areas.

The diphtheria immunisation index for 1961 expresses as a percentage of the total in an age group the number in that group who had completed a course of primary immunisation or had received reinforcing injections in the period 1957-61. From the figures available to us we calculate that 2696 children born in the years 1957-61 received primary immunisation during these 5 years and this, related to the relevant child population 3579, gives an immunisation index of 75% for children under 5 years of age compared with the 64% for England and Wales.

WHOOPING COUGH.

There were only 11 notifications. About 89% of those born in 1960 were vaccinated by the end of 1961.

DYSENTERY.

All seventeen cases occurred in Bexley Hospital. Ten were due to Shigella flexneri and seven to Shigella smitzii.

FOOD POISONING.

Two suspected cases were investigated but no cause was found.

PARATYPHOID FEVER.

A school child was admitted to hospital at the end of March and diagnosed from the bedside as suffering from paratyphoid fever. This diagnosis was supported by blood tests but it was not until

the end of May after at least 12 stool cultures that the organism of paratyphoid B 'phage type Taunton was isolated. In early June she was still excreting the organism but towards the end of June she had provided six negative specimens and was allowed to return to school. A member of the family was a laboratory assistant working with cultures which included some of paratyphoid B organisms 'phage type Taunton but it must also be mentioned that this 'phage is common and there may be no association between the child's illness and the laboratory occupation.

TUBERCULOSIS. The public health details relating to notification and deaths are given in the tables.

TETANUS. There was one death, a male aged 18.

ENCEPHALITIS. There was one death from virus encephalitis in a male aged
13 months. In consequence of the rapid progress of the disease no
notification was made in life.

ACCIDENTS.

ACCIDENTS The admissions to the Dartford Group of hospitals provided IN THE HOME. a pattern similar to that of previous years. There were however no deaths at home from this cause in cases not admitted to hospital; 6 and 2 such cases had occurred in 1959 and 1960.

Falls produced far the greatest number of home accidents as in previous years, especially amongst the aged, when fractures of the hip are the usual consequence. In a recent survey it was found that in a proportion of such fractures there was no environmental cause for the fall, i.e. through thinning of the bone through age the hip fracture may preced rather than follow the fall (Medical Officer 8.3.63). A consultant orthopaedic surgeon here states that the after care of aged persons admitted to the orthopaedic wards is a major problem.

The Home Safety Act, 1961 came into operation and empowered district councils such as this to promote home safety. However the Committee were of the opinion that they should continue their work under their existing constitution and that they should request the Kent County Council to continue their grant.

Subjects considered by the Committee included fixing of fireguards, fire resistant fabrics, oil convector heaters and polythene materials. Publicity was given to the locking away of drugs from children, using gas safely, protection of children from burns and scalds, water safety and fire prevention.

A firm who had installed elsewhere special stands in their stores of fire resisting night wear for sale had found the public unresponsive. The Committee informed the firm that they would welcome the sale of non-inflammable night wear in their stores in this town.

Years of life lost.

The statement is often made that there are more deaths from accidents in the home than from accidents on the road. The statement needs amplifying and a calculation of years of life lost has therefore been requested from the Registrar General. Table XII (a) shows that in England and Wales the "working life" lost is less for home accidents than for motor vehicle accidents.

ACCIDENTS ON THE ROAD.

Deaths of Dartford residents from motor vehicle accidents in 1961 were more than one should expect from the death rate from this cause in England and Wales. In the neighbouring Rural District in 1961 occurred the greatest number of casualties of the local authority districts in the area of the Kent County Constabulary. The Borough of Dartford was not far behind. The following figures are taken from the Chief Constable's report for 1961:

Local Authority	Total injury accidents	Killed	Seriously injured	Slightly injured	Total
Dartford M.B. Northfleet U.D. Swanscombe U.D. Dartford R.D.	315	13	87	300	400
	121	3	33	111	147
	57	1	36	41	78
	416	13	156	431	600

In addition to the above the Dartford Group of Hospitals receive the casualties from accidents occurring in the Metropolitan Police district wherein are the Local Authority districts of Bexley Borough, Erith Borough and Crayford Urban District. A Consultant Orthopaedic Surgeon here states that no bare statistics can show the severity of these accidents and it is this severity which is one of the major factors in keeping beds in orthopaedic wards full.

ACCIDENTS IN

One resident of Dartford died in 1961 from an accident at INDUSTRY. work. We have no arrangements with the hospitals for numerical details of admissions on account of industrial injury. Prevention of these accidents is the responsibility of the Ministry of Labour and the subject is closely studied by H.M. Inspector of Factories. His detailed and informative annual report for 1961 includes accident frequency rates compiled from returns made voluntarily by the larger factories specially interested in safety matters and from which the following is quoted:-

England and Wales.

Industry	No. 'of factories	Accident fr 1960	equency rate. 1961
Cement	19	1.05	0.71
Electricity	232	2.59	2.59
Paper & Board	108	2.39	2.44
Coke ovens (for			- 05
comparison)	15	4.76	5.07

From the above it appears that the accident rates of the industries represented in this area compare satisfactorily with other industries. In their Annual Report for 1961 the Accident Prevention Advisory Committee of the Cement Makers' Federation were able to say that over the period of 12 years since 1950 there had been a reduction of 64% in the total number of accidents in that industry.

GENERAL.

In this technical age accidents are a growing problem and preventive efforts seemingly need to be increased. This task includes the study of the technicalities of the risk, reducing the risk and then making the persons at risk aware of the hazards that remain so that they will adapt their practices accordingly. Some risks have to be taken and someone somewhere has to estimate the chances of injury and balance that estimate against the estimate of benefit. The accidents which do happen should be the product of risks justifiably taken.

Although faulty environment is a contributory cause of injury by accident - deaths of men from accidents show a rising gradient from Social Class I to Social Class V - and although one may eliminate certain environmental factors there still remains an underlying cause in most accidents namely that of faulty human behavour. In view of this one common factor there is a case for accident prevention to be the concern of one organisation whether the accidents concerned be at home, at work or on the road.

Accident prevention in industry appears to be well organised and equipped with technical knowledge. In March 1962 there was inaugurated here an Industrial Accident Prevention Group of R.O.S.P.A. which is studying and disseminating knowledge on accident prevention and working to reduce the toll of industrial accidents in the Thames-side area. Perhaps mutual advantage would result from the blending of the accident prevention work of Thames-side Authorities with the work of this organisation.

HEALTH EDUCATION.

This Council continued their small effort in health education consisting of the distribution of "Better Health" and the display of double crown posters on the 9 poster sites about the town when they were available for this purpose. The Health Education Officer of the Kent County Council gave one lecture to the Co-operative Ideal Laundries organisation which had an attendance of 65. We could hardly do less but whether it is feasible to do much more is uncertain.

GENERAL.

The previous features of this report are related to our duty of informing ourselves on matters concerning the health of this district but apart from the incidence of infectious disease and health education these features are not related to an executive responsibility of this Council. The main executive public health function we have is our responsibility for the control of environmental conditions. This is a continuation of the reforming work which began early last century before the discovery of the existence of germs and with the pioneers denied this very relevant field of instruction. They were, however, in receipt of guidance from the excessive prevalence of disease in people living in excessively bad conditions and the crude relationships between the two circumstances were sufficiently apparent to display the need and to provide the original inspiration. This guidance was however no more than conjecture.

To-day the preventable diseases which motivated the past reforms are no longer conspicuous and with living conditions greatly improved the question of how much of our Victorian reasoning is applicable to present day practice is one in need of study. Furthermore blended with the motive to improve public health is now another motive namely a desire for everyone to have a minimum of the amenities of life. At times we would do well to ask ourselves whether our actions are being done in the cause of public health or whether they are being done in the cause of amenity. Often when we improve amenity we also improve public health but it is not always so.

HOUSING.

By the end of 1961 the waiting list for Council tenancies showed little change but there had been enough progress in the demolition or closure of unfit houses to bring the Council's 5 year "slum clearance" programme within range of completion.

Although the number of unfit houses in the town is relatively small, a substantial number are out of date and lack modern amenities. The 1951 census showed 31% households in Dartford to be without the exclusive use of a fixed bath. In the years 1959-61, 25, 36 and 24 houses respectively were provided with better amenities with the aid of improvement grants. Discretionary as well as standard grants were used for the purpose.

It is said that more should be done to improve houses lacking modern amenities and that the legal standard of fitness for habitation should be raised. There is a lot to be said in favour of this but here is where the motive to improve public health is distorted by the motive to improve amenity. When the standard of

houses built is improved fewer houses can be built and the solution of the problem of shared accommodation, the greatest housing adversity, is postponed.

WATER.

Apart from West Hill hospital going on to Metropolitan Water Board water for a few weeks while their pumping arrangements were under repair the year 1961 was uneventful.

DRAINAGE.

About a dozen of the cesspools in the town appear to be disposing of their contents by leakage and three of these within 800 yards of the Crayford Metropolitan Water Board well were the subject of attention by the Council's Chief Public Health Inspector.

We have two cesspools with a pump for garden use and these together with our 4 earth closets keep us in touch with nature. With almost 14000 houses on main drainage and an assumption that 99.9% of the population are free from harmful intestinal parasites we need not be too squeamish about these luxuries.

FOOD HYGIENE. The Council's Chief Public Health Inspector states: "Although more than five years have elapsed since the introduction of food hygiene regulations, unhygienic practices such as smoking, bagblowing, finger licking etc. havenot been eliminated. This is no doubt due in part to the employment of untrained and poorly paid employees and to failure of managements to reprove offenders because of the difficulty of finding replacements.

Reference to the list of legal proceedings and of complaints regarding food indicate that stock rotation and care in handling perishable food-stuffs require very much more attention. Available evidence suggests that these matters escape attention more readily in the self-service stores.

Another matter which requires some further thought is the enormous waste of food which arises, not infrequently, from breakdowns of deep freeze refrigeration cabinets when the practice is to surrender all the contents, regardless of their nature, as unfit for human consumption or unsaleable."

The habits of both food handlers and customers may not yet be all that could be wished for and in this we must share responsibility with the firms concerned as we have a responsibility in health education. However one cannot help noticing the increased attention given to matters of food hygiene in the shops of the town and this is especially so in those new premises which have been in consultation with the Council's Chief Public Health Inspector since their inception.

FOOD QUALITY. That mouldy food was the subject of proceedings relating to the nature, substance and quality of food was in keeping with what

seems to be current practice. Yet the customer who finds his food mouldy is concerned with its fitness for consumption rather than its quality. However no one is certain that the mould is going to do harm if eaten and it is thus expedient to regard the quality as not genuine rather than the food is unfit. For times of shortage this should be recognised.

HYGIENE IN LICENSED PREMISES. On the initiative of the Licensing Justices a meeting had been held in 1960 to discuss with them the ways in which co-operation could be effected in the improvement of hygiene in licensed premises. On the initiative of this Council a second meeting was held in 1961. A quiet hope had been held that this co-operation could be used to foster the evolution of the public house into a role appropriate to modern times and that provision of food and stimulant drinks should receive due attention as well as alcoholic beverages. However the subject was regarded as outside the scope of the meeting.

AIR HYGIENE. Measurements of deposited and suspended material in the air and of the gaseous pollution by burnt sulphur from fuels are given in the reports of the Thames-side Joint Committee. Pollution is best studied over an area larger than Dartford.

In 1961 the Council began their programme of smoke control with the coming into operation of their first smoke control Order and the choice of the initial area in the programme was a matter of interest. The dominant features of the areas available for selection related to health or effectiveness or wind direction.

On considerations of health the old part of the town commended itself. In this area the housing was densest and the number of domestic chimneys per acre was the greatest. The social classes and the age groups of the residents of this area seemed to belong to those who incur most respiratory illhealth. Our own statistics, naïve though they were, did suggest that the highest death rate from bronchitis was in Town Ward and that the highest rate from lung cancer was in the St.Albans Ward. Town Ward was at a disadvantage on account of the numerous commercial premises but St.Albans Ward could have been first blended with the Brent Ward. The fact that many houses in this older part of the Borough were sixty years old or more was no doubt a great disadvantage.

On consideration of effectiveness in relation to cost Temple Hill housing estate seemed eminently suitable as here were 2400 post war houses in a relatively compact area which with the exception of 100 were equipped with appliances to burn authorised fuel. This presented an opportunity for a large compact area of smoke control for comparatively little cost.

For three quarters of the year the wind blows from the South West and the South West quadrant of the town contains interwar and post-war housing which is both privately and municipally owned. To be on the windward side of the town is in keeping with one of several alternatives suggested in the relevant Ministry Circular. However pollution from neighbouring areas is an over emphasized risk. It is true that at times of greatest pollution a barrier is placed against vertical dispersion and lateral mixing of air occurs but it occurs on all sides and if there is a drift at these times it is from the North East.

There was a need to make a start with smoke control and this the Council did by making the South West quadrant of the town the area for the first phase.

ADMINISTRATION.

In 1961 further attempts were made to clarify the administrative basis of the public health department.

ACKNOWLEDGEMENTS.

The information in this report contains much material provided by officers of other departments and other authorities or organisations.

The facts on many environmental matters are the product of work by the Council's Public Health Inspectors and the initiative of the Council's Chief Public Health Inspector. Much of this material has been included in reports submitted to the Committee by the Council's Chief Public Health Inspector.

The presentation of the statistical material is a product of the patience of the clerical staff.

I thank these colleagues for their co-operation.

On behalf of my colleagues in the public health office and myself I wish to thank the Chairman and Members of the Public Health Committee for their support and interest during the year under review.

I am, Sir, Ladies and Gentlemen, Your obedient servant,

John H Hudson
Medical Officer of Health.

TABLE I.

SOCIAL CONDITIONS.

Area (acres)	4,292
Population (census 1951)	40,544
Mid-year home population 1960 (Registrar's General's estimate)	44,950
" " " 1961 " " " "	45,460
Number of dwellings (items 1,2,3,6 and 13 of Table 1 of	
abstract of accounts) - 31.3.61	13,795
Rateable value - 31.3.61	£737,763

POPULATION. Increases in the population are due to natural causes, i.e. excess of births over deaths and immigration, both being related to new houses built.

Year	1954	1955	1956	1957	1958	1959	1960	1961	
Est. mid-year home population	40,410	40,490	40,850	42,450	43,140	43,940	44,950	45,460	
Increase or									
decrease on previous year	-20	+80	+360	+1,610	+680	+800	+1,010	+510	
Natural increase									
(excess of birt	hs 86	22	68	146	82	97	210	199	
Immigration or	106		. 200	. 7. ACA	.(00	.707	.000	717	
emigration.	-106	+58	+292	+1,464	+698	+703	+800	+311	
Houses built	247	315	94	323	322	407	253	191	
Houses built an									
absorbed by 195 boundary change	7 35	67	219	46		-	-	-	

Comparability factors. When local crude birth and death rates are multiplied by the area comparability factors they are comparable with the rate for England and Wales or with the adjusted rate for any other area. In the last eight years the factors for births (governed by the proportion of women aged 18 - 44 years) and for deaths (governed by the proportions of all age groups) have been as follows:-

Year	1954	1955	1956	1957	1958	1959	1960	1961
Births	0.96	0.96	0.98	0.98	0.98	0.98	0.97	0.97
Deaths	0.98	0.98	0.73	0.74	0.76	0.85	0.85	0.86

Prior to 1953 the only deaths in Bexley Hospital assigned to Dartford were those few with home addresses here. From 1953 to 1957 all deaths at this hospital were so assigned. From 1958 onwards only deaths of persons resident at the hospital six months or more were assigned to Dartford. The changes in the comparability factors no doubt reflect these alterations in practice.

Young persons. A guide is necessary to the population in the young age groups in order that we may, from vaccinations completed, form an idea of the proportion who have been given immunity to certain infectious diseases. An estimate can be made from the births which have occurred in the district but it is only a rough guide as for instance it assumes a stable population does not take into consideration deaths after one year of age.

TABLE I (continued)

Year	Births	Infant deaths	To reach ag	-	
19 6 1 1960 1 959 1958 1 957	824 735 700 688 697	17 11 11 20 6	689) Approx. population December, 1961 O - 4 years =) 3579	
1956 1955 1954 1953 1952 1951 1950 1949 1948 1947	632 581 579 591 533 562 594 656 722 816	14 12 10 14 18 13 10 18 17 28	569 577 515 549 584 638 705 788) Approx. population December, 1961 5 - 11 years = 3981) Approx. population December, 1961 12 - 15 years =))Approx. population)December, 1961)5 - 15 years =) 6823)School children - 5-11 yrs = 4709
1946 1945 1944 1943	729 58 1 651 599	18 17 26 33	625) 2842)Approx. population)December, 1961)16 - 18 years = 1755	(12-15 yrs = 4681

DOMESTIC DWELLINGS ACCORDING TO RATEABLE VALUE 31.3.60 (Number per thousand)

						Northfleet	Swanscombe	Dartford Borough	Dartford R.D.
						%0	%	%0	%0
Not exceed	ding	£10				11	25	4	21
Exceeding	£10	but	not	over	£13	26	108	15	42
Ħ	£13	11	11	11	£18	136	171	103	112
11	£18	11	11	11	£25	298	616	255	221
tt	£25	11	11	11	£30	266	58	281	307
11	€30	11	11	11	£40	235	14	288	216
11	€40	11	11	11	£ 50	24	5	43	51
11	£50	11	11	11	£60	3	2	8	16
11	£60	11	11	11	£70	1	1	2	5
Ħ	£70	11	11	11	£80	- 1		1	4
11	£80	11	11	11	£100		term	-	2
11 8	€100					-	-	-	3
							1,000	1,000	1,000

The following give a glimpse of some social conditions:

		1959	1960	1961
Cases deal	t with by the N.S.P.C.C			
	Children affected	114	58	82
	Prosecution for neglect	T	-	1
Unemployed	on Dec. 31st. (Dartford and district) -			
	Men	194	117	126
	Women	57	35	33
Illegitima	te birth rate for 1,000 births -			
	Dartford Borough	37	35	33
	Dartford Rural District England and Wales	30 51	30 54	22 59
	migrania and naroo	7±	24))

Live births:		M	F	Persons
Legitimate Illegitimate		407 20 427	390 <u>7</u> 397	797 <u>27</u> 824
Deaths from all causes:		313	312	625
Deaths from pregnancy, childb abortion:	irth,	-	1	1
Stillbirths:				
Legitimate Illegitimate		9	5 	14
		_9	5	14
Deaths - 0 to 6 days:				
Legitimate Tillegitimate		6 -	2	8 -
		<u>6</u>	2	8
Deaths - 7 to 27 days:				
Legitimate Illegitimate		2	14 20	2
21208202000		2	=	2
Deaths - 28 to 364 days				
Legitimate Illegitimate		5	2	7
TITEST CIMACE		<u></u>		<u>-</u> 7
Total under 1 year:		13	.4	17
Rates p	er 1,000 Home Popu	lation		
Crude live birth rate, Dartfo	and Romanich			18.1
11 11 11 11 11	"	4 0		
	ted by comparabili d & Wales.	ty fac	ctor	17.6 17.4
Crude death rate, Dartford Bo	rough. " adjusted by			13.8
" " England & W	comparability fac	tor		11.8
-				
Rates per	1,000 Live and St	illbir	ths	
Maternal death rate:	Dartford Borough England & Wales			1 0.33
Stillbirth rate:	Dartford Borough. England & Wales			16.7 19.1
Perinatal death rate: (s.b. & deaths 0-6 days)	Dartford Borough. England & Wales			26.2 32.2
Rates per	1,000 Live Births	3.		
Neonatal death rate:	Dartford Borough.			12.1 15.5
Infant death rate: (deaths 0-364 days)	Dartford Borough England & Wales.			20.6

TABLE III - CAUSES OF DEATH ACCORDING TO SEX.

BOROUGH - Registrar General's Return.

	M	F	Persons
All causes	313	312	625
Tuberculosis, respiratory	4	-	4
Tuberculosis, other Syphilitic disease	1	1	1
Diphtheria	_	_	-
Whooping Cough	-	-	-
Meningococcal infections	-	-	-
Acute poliomyelitis Measles		_	
Other infective and parasitic disease	2	-	2
Malignant neoplasm, stomach	11	1	12)
Malignant neoplasm, lung, bronchus	24	1	25)
Malignant neoplasm, breast	1	6	7) 89
Malignant neoplasm, uterus Other malignant and lymphatic neoplasms	20	4 19	39)
Leukaemia, aleukaemia	1	1	2)
			·
Diabetes	1	5	6
D1406 062	-		
Vascular lesions of nervous system	24	37	61
	56	4.7	00)
Coronary disease, angina Hypertension with heart disease	56 8	43 10	99) 18)
Other heart disease	27	65	92)247
Other circulatory disease	19	19	38)
Influenza	3	2	5)
Pneumonia	33	39	72)
Bronchitis Other diseases of the respiratory system	28 1	16 2	44)
o their druceases or the respiratory system	_	-))
and the state of t			
Ulcer of stomach and duodenum	3	1	4
Gastritis, enteritis and diarrhoea Nephritis and nephrosis	4	1	5 2
Hyperplasia of prostate	4	_	4
Pregnancy, childbirth, abortion	-	1	1
Congenital malformations Other defined and ill-defined diseases	3 20	2 26	5 46
Motor vehicle accidents	8	4	12
All other accidents	4	5	9
Suicide	2	-	2
Homicide and operations of war		17	-

TABLE IV - CAUSES OF DEATH ACCORDING TO AGE

TOWN - Compiled locally.

		weeks	l yr.										
	ages	4	1	2	2	15	25	35	45	55	65	75	
		Under	wks	1	1	1	1	1	1	1	Ĭ	1	4
	A11	Un	4	~	0	5	15	25	35	45	55	65	15.
All causes	452	10	7	1	-	2	5	6	8	34	78	122	179
Tuberculosis, respiratory Tuberculosis, other	2	-	-	_	-5)	-		-	-	-	2	- 51	
Syphilitic disease	-	_	-	_	_	-	-	-	-	_	-	-	-
Diphtheria Whooping Cough	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infections	_	_	_	-1	_	_	T-1	_	1_	_	_	_	-11-
Acute poliomyelitis	-	-	-	-	-	-	21	-	-	-	-	-	
Measles Other infective and parasitic	-	-	_	-	-	-	-	-	Ī	_	7.	-1	
disease	2	-	-	1	-	-	1	-	-	_	-	1 4	
Malignant neoplasm, stomach Malignant neoplasm, lung,	12	-	-	-	-	-	-	-	-	2	5	4	1)
bronchus	20	-	_	-	-	-	_	_	1	5	8	5	1)
Malignant neoplasm, breast	4	-	-	-	-	-	-	-	1	-	-	3	-)75
Malignant neoplasm, uterus Other malignant and lymphatic	4	_	_	-	_	_	-	-	-	_	-))
neoplasms	33	-	-	-	-	-	-	1	1	6	7	7	11)
Leukaemia, aleukaemia	2	-	-	-	-	-	-	T	-	1		1	-)
Diabates	5	_	_	_	_	_	_	_	_	_	_	2	3
Vascular lesions of nervous	4.5												
system	47	1	-	-	-	-	-	-	1	-	4	13	28
Coronary disease, angina	75	_					_			5	17	27	26)
Hypertension with heart disease		-	_	-	-	-	_	-	1	í	3	1	4)178
Other heart disease	54	-	-	-	-	-	-	-	-	3	8	12	31)
Other circulatory disease	39	-	-	-	_	Ī	111	-	ů		0	0	21)
Influenza	3	-	_	_	_	-	-	-			-	-,	3)
Pneumonia	30	1	2	-	-	-	-	1	-	1	2	7	16)
Bronchitis Other diseases of the	40	-	2	-	-	1		1		1	5	14	16)75
respiratory system.	2	-	-	-	-	-	-	-	-	-	-	- 1	1)
												-	1000
Ulcer of stomach and duodenum Gastritis, enteritis and	4	-	-	-	-	-	-	-	-	-	-	2	2
diarrhoea	4	-	2	-	-	-	-	-	-	-	1	-	1
Nephritis and nephrosis Hyperplasia of prostate	1 3	-	-	-	-	-	-	-	-	1	- 1	- 1	- 1
Pregnancy, childbirth, abortion		-	-	-	-	-	1	-	-	-	-		-
Congenital malformations	1	1	-	-	-	-	-	-	-	-	-	-	-
Other defined and ill-defined diseases	34	7	1	-	-	1	1	-	2	2	5	6	9
Motor vehicle accidents	13	-	-	-	-	-	2	2	-	1	3	3 2	2
All other accidents Suicide	5 2	-	-	-	-	-	-	1 -	-	1	1	2	1 -
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE V - CAUSES OF DEATH ACCORDING TO AGE.

BEXLEY HOSPITAL - Compiled locally (Resident more than 6 months).

	සු සිලිල ව			. 65	
	A11	O. 75	45	55 -	75+
All causes	177	- 4	11	22 3	9 101.
Tuberculosis, respiratory Tuberculosis, other Syphilitic disease Diphtheria Whooping Cough	2 1 1 -	1 - 1	1 - - -	1	- 1 - 1
Meningococcal infections Acute poliomyelitis Measles Other infective and parasitic disease	=		, _	:	
Malignant neoplasm, stomach Malignant neoplasm, lung, bronchus Malignant neoplasm, breast Malignant neoplasm, uterus Other malignant and lymplatic neoplasms Leukaemia, aleukaemia	- 3 2 - 4 -			1 - 1) - 2) 1 1) 9) 2 1))
Diabetes	ij -	-10	100	-	
Vascular lesions of nervous system	15		-	3	3 9
Coronary disease, angina Hypertension with heart disease Other heart disease Other circulatory disease	20 6 37 10	 - 1	1 -	4 1	5 10) - 6) 7 30)73 3 5)
Influenza Pneumonia Bronchitis Other diseases of the respiratory system	1 49 5 -	 - 1 	4 -	- 6 1 1	1 -) 2 27) - 3)55)
Ulcer of stomach and duodenum Gastritis, enteritis and diarrhoea Nephritis and nephrosis Hyperplasia of prostate Pregnancy, childbirth, abortion	- 2 - 1		-	1	1 -
Congenital malformations Other defined and ill-defined diseases Motor vehicle accidents All other accidents Suicide	1 12 - 4 1	1 	2 - 2 1	2 - 1	1 - 3 4 - - 1 -
Homicide and operations of war	-			-	

TABLE VI - CAUSES OF DEATH AT AGES 75 YEARS AND OVER.

Male

Female

Town.

				ME	ııe					re	maı	е		
	318		62	84	68	94			62	84	69	94		
	Total persons	al	1	ī	ī	1		.a.]	1	ī	·	•		
	Tot	Total	75	80	85	9	95+	Total	75	80	85	8	95+	
All causes	179	79	30	23	20	6	_	100	33	26	22	18	1	
Malignant neoplasm, stomach	1	1	_	1	_	_	_	_	_	_	-	_	_)
Malignant neoplasm, lung,	,							,		,)
bronchus Malignant neoplasm, uterus	1	-	_	_	_	_	_	1	_	1	_	_	_) 17)
Other malignant & lymphatic								1907	111			-		į (
neoplasms	11	6	4	2	-	-	-	5	3	_	1	1	-)
Diabetes	3	-	-	-	-	-	-	3	2	1	-	-	-	
Vascular lesions of nervous system	28	8	2	1	4	1	_	20	7	3	7	3		
Coronary disease angina	26	17			4	1					7			\
Hypertension with heart dis.	4	2	9 1 4	7	-/		_	9	1 6	4	1	_	-	82
Other heart disease	31	8		i 1 1	- 2 5	1	-	23	6	7	1 4	5	1) 02
Other circulatory disease	21	10	3	1	כ	1	-	11	5	4	1		-)
Influenza Pneumonia	3 16	1 7	1	- 3	2	1		9	_	1	2	1	-)
Bronchitis	16	10	_	3 5	4	ī	-	6	2	ī	2 3	-	-	36
Other diseases of the respiratory system	1	1		_	4	_	111	11.			1			}
Ulcer of stomach & duodenum	2	2	2		_								1	,
Gastritis, enteritis and	2		_	Ī	-	-	-		Ī					
diarrhoea	1	1	1	-	-	-	-	-	-	-	-	-	-	
Hyperplasia of prostate Other defined and illdefined	1	1	-	1	-	-			-	-	-			
disease	9	2	1	-	1	-	-	7	5	1	1	-	-	
Motor vehicle accidents All other accidents	2 1	2	1 -	-	1	-	-	1		1	-	1	1	
								•						
	Bexle	у Но	iqe	ta]	L •									
All causes	101	29	12	12	4	1	-	72	24	25	13	10	-	
Tuberculosis, other	1	-	-	-	-	-	-	1	1	-	-	-	-	
Malignant neoplasm, lung, bronchus	2	2	1	1										,
Malignant neoplasm, breast	1	1	_	1	-	_	_	_	_	_	_	_	_) 4
Oth. mal. & lym. neopl.	1	-	-	-	-	-	-	1	-	-	-	1	-)
Vascular lesions of the								1 1						
nervous system	9	2	1	1	-	-	-	7	3	3	1	-	-	
Coronary disease angina Hypertension with heart dis.	10	3	1 -	1	1	-	-	7 6 21	1 2	5 2	1	1	-)_
Other heart disease	30	9 2	4	4	-	1	-	21	7	6	4	4	-	\frac{51}{
Other circulatory disease	5			1	-	-	-	3	-1	-	-	2	-)
Pneumonia	27 3	7	4	2	1	-	-	20	8	5 2	5	2	-	30
Bronchitis			-	-	T	-		2		2				,
Hyperplasia of prostate Other defined and illdefined	1	1	-	1	-	-	-	1	-	-	-	-		
diseases.	4	1	-	-	1	-	-	3	1	1	1	-	-	
All other accidents	1	-	-	-	-	-	-	1	-	1	-	-	-	

Prior to 1953 the only deaths in Bexley Hospital assigned to Dartford were those whose home addresses were either in Dartford or were unknown: in 1952 there were 17 such deaths. From 1953 to 1957 all deaths at this hospital were assigned to Dartford, the numbers being 123, 141, 158, 176 and 222. From 1958 to 1961 only the deaths of persons who had been in the hospital for over six months were so assigned, the numbers being 149, 167, 121 and 177. To avoid distortion, hospital deaths are deducted from the Borough deaths each quarter to give the number of Town deaths.

to give the number of Town deaths.											
			1	st. q	r 2	nd. q	r. 3	ord. q	r. 4th	. qr.	Year.
Total deaths assign Borough by Registra			ford	180		154		116	1'	79	629
Mental hospital dea	ths.			49		43		21	•	64	177
Town deaths			_	131		111		95	1:	15	452
Number of deaths - :	Dartf	ord T	own.								
		959 960		165 108		106 87		75 100		90 05	436 400
		961		131		111		95		15	452
Crude cuentente des	+h ===	+									
Crude quarterly dea Dartford Town				15.0		9.7		6.8	8	.2	9.9
		960		9.6		7.8		8.9		• 4	8.9
		961		11.5		9.8		8.4	10		9.9
England & Wales	- 1 1	959 960		15.8 13.1		10.6 10.9		9.0 9.8	11 12		11.6 11.5
		961		15.6		10.9		9.5	11		12.0
Town Deaths at home	. in	hosni	tal a	nd el	sewhe	re.					
All ages.		. gr.		. qr.		. qr.	4th	ı. qr.	1961	1960	1959
nii ages.	M	F	M	F	M	· qr·	M	F	P.	P.	P.
Home Hospital	19 41	25	15 45	11 38	12 44	17 22	12 47	14 42	125 323	130 261	150 281
Elsewhere	1	44 1	45	- -	44 -	-	41	42 -	4	9	5
	<u></u>	70	(0	40	<i></i>	7.0		F.C	450	400	
	61	70	62	49	56	39	59	56	452	400	436
Aged 75+											
1 -		7.0			1	•		•		(7	(0
Home Hospital	8 14	12 18	3 17	8 17	3 9	8 9	6 18	9 19	57 121	63 124	69 115
Elsewhere	-	-	i	-	_	_		-	1	-	-
- 18	22	30	21	25	12	17	24	28	179	187	184
Deaths at Home or	Hogni	tal a	s % 0	f all	deat	he					
All ages.	105 p1	0 41 4	5 70 0	1 411	uca o						
Home	31	36	24	22	21	44	20	25	28	33	34
Hospital	67	63	73	78	79	56	80	75	71	65	64
Elsewhere	2	1	3	-					1	2	1
	100	100	100	100	100	100	100	100	100	100	100
Aged 75+											
Home	36	40	14	32	25	47	25	32	32	34	38
Hospital Elsewhere	64	60	81 5	68	75	53	75	68	67 1	66	62
FIRST											
	100	100	100	100	100	100	100	100	100	100	100
Deaths in hospital	- Al	1 age	s 196	1. Da	rtfor	d Tow	n. 1	Dartfo:	rd R.D.	Nort	hfleet.

71%

58%

44%

TABLE VIII - MAIN CAUSES OF DEATH ETC.

Town.

Main causes in detail.

mii agos.	All Main	Other	(440-468) Circulatory	(140-205)	(330-334) Vasc. les	(470-527)	
	auses cause		Diseases		C.N.S.	diseases.	
% 1 1960 2 % 1 1961 2	136 366 100% 84% 100 328 100% 82% 152 375 100% 83%	72 5 18% 77	151 35% 148 37% 178 39%	92 21% 83 21% 75 17%	63 14% 34 9% 47 10%	60 14% 63 16% 75 17%	
		Eng	gland and Wale	s.			
% 1 1960 526 % 1 1961 551	7,641 431,27 100% 82% 6,268 431,13 100% 82% 1,752 455,40	18% 5 95,133 18% 1 96,351	191,707 36% 198,438 38% 204,655 37%	97,117 19% 98,788 19% 99,915 18%	75,150 14% 76,222 14% 77,623 14%	67,302 13% 57,687 11% 73,808 13%	
Aged 0 - 7	74 years.						
lst. qtr. 2nd. qtr. 3rd. qtr. 4th. qtr.	65 54 66 54	20 11 12 15	26 23 30 17	13 15 16 17	4 7 5 3	16 9 3 11	
	273 215 100% 79%	58 21%	96 35%	61 23%	19 7%	39 14%	
Aged 75 ye	ears and ove	er.					
lst. qtr. 2nd. qtr. 3rd. qtr. 4th. qtr.	46 40 29 26	5 6 3 5	28 20 16 18	3 4 3 4	4 8 4 12	12 8 3 13	
	160 100% 89%		82 46%	14 8%	28 16%	36 20%	
Deaths age	ed 75 years	and over as	s percentage o	f total de	aths from e	each main ca	ause
lst. qtr. 2nd. qtr. 3rd. qtr. 4th. qtr.	42% 43% 31% 33%	35% 20%	52% 47% 35% 52%	19% 21% 16% 19%	50% 53% 57% 80%	43% 47% 50% 54%	

Deaths at ages of 65 and over as percentage of deaths at all ages.

25%

Year 40%

43%

	Town	65 to 74 England and	Wales. Town.	75 and over England and Wales.
1959	111 (25%)	26%	186 (43%)	4 <i>3%</i>
1960	81 (20%)	26%	187 (47%)	4 <i>3%</i>
1961	122 (27%)	26%	179 (40%)	4 <i>3%</i>

46%

18%

48%

TABLE IX - PREVALENCE OF INFECTIOUS DISEASES (other than tuberculosis)

	All ages	Under one	1-4	5-9	10-14	15-24	25-44	45-64	65+
Erysipelas	5	-	-	-	-	-	1	3	1
Measles	515	10	284	207	9	4	1	-	-
Para-typhoid	1	-		-	1	-	-	-	-
Pneumonia	3	-	-	-	-	-	1	1	1
Scarlet Fever	11		-	9	2	-	-	-	-
Whooping Cough	11	1	3	7	-		•••	-	yate
Totals	546	11	287	223	12	4	3	4	2

In addition the following were notified from institutions - Dysentery 17.

Puerperal Pyrexia 21.

The following non-notifiable diseases were reported from schools:-

Chicken Pox - 28 Impetigo - 6 Mumps - 12 Dermatitis - 1 Conjunctivitis - 9 Influenza - 37 Rubella - 467 Scabies - 1

MEASLES

	St. Albans	Town	Brent	Highfield	Priory	Heath.	Borough
January	13	10	73	12	29	12	149
February	17	2	45	4	2	11	81
March	1	5	14	2	19	76	117
April	-	-	2	2	4	38	46
May	1	14	1	6	10	12	44
June	4	6	11	9	12	5	47
July	1	-	1	2	10	5	19
August	1	-	-	-	8	1	10
September	-	-	-	-	1	-	1
October	-	-	-	-	-	- 11	-
November	-	-	-	-	1	-	1
December	644		CON.	600 600	-	-	-
	38	37	147	37	96	160	515

Biennial Cycle

	November	December	January	February	March	April	Total
1950-51	138	288	161	58	44	20	709
1951-52	-	- 1	-	_	-	-	-
1952-53	154	238	255	77	88	17	829
1953-54	-	-	-	-	-	-	••
1954-55	-	-	. 6	43	284	473	806
195 5- 56	••	•••	_	_	-	1	1
1956-57	-	-	12	25	107	303	447
1957-58		-	-		1	5	6
1958-59	20	7	20	47	105	175	347
1959-60	8	***	•••	-	-	80	8
1960-61	207	206	149	81	117	46	806
1961-62	1 1	-	1	-	-	-	2

SCARLET FEVER, WHOOPING COUGH AND PNEUMONIA.

Qtrs.	St. Albans	Town	Brent High	field	Priory	Heath	Borough
	SF WC P	SF WC P	SF WC P SF	WC P	SF WC P	SF WC P	SF WC P
lst.			2 1	- 1	1 2 -	3 1 -	6 4 1
2nd.		1 -	- 3	1 -	1	1	3 4 -
3rd.			1		- 3 -		1 3 -
4th.			1		1	1	1 - 2
	7-1	1 -	4 4	1 1	2 5 1	4 1 1	11 11 3

(a) Respiratory.

NOTIFICATIONS IN RECENT YEARS

	Town	Bexley Hospital	Total		Town	Bexley Hospital	Town
1954	44	15	59	1958	22	5	27
1955	37	7	44	1959	15	9	24
1956	21	22	43	1960	9	3	12
1957	32	3	35	1961	20	5	25

NOTIFICATIONS BY AGE AND SEX

Total 0-1 1-4 5-9 10-14 15-19 20-24 25-34 35-44 45-54 55-64 65+

Males Females	16 9		-					2 -			2	2
	25	-	-	-	-	-	4	2	4	9	3	3

Of the 25 new cases notified in 1961 9 were infectious. 5 of these were patients at Bexley Hospital, i.e. 2 females aged 24 and 45 and 3 males aged 36, 42 and 63. The remaining 4 infectious cases were 3 males aged 45, 51 and 71 and a female aged 86. 12 of the new cases were known to be non-infectious.

Of the remaining 4 the infectiousness of l was unknown - the records not being available and 2 were later found not to be cases of tuberculosis but carcinoma of the lung, the 4th. (a missed notification) was infectious in 1957.

NUMBER OF CASES OF RESPIRATORY TUBERCULOSIS ON THE REGISTER ON DECEMBER 31ST.

	Male	Female	Persons		Male	Female	Persons
1954	302	225	527	1958	295	221	516
1955	277	204	481	1959	283	223	506
1956	297	209	506	1960	250	201	451
1957	293	227	520	1961	255	197	452

CHANGES IN THE REGISTER IN 1961

Additions:		Removals:	
New notifications	25	Lost sight of	8
Moved into district	17	Left district	15
Returned to district	3	Recovered	15
		Not tuberculous	2
	45	Deaths	4
			44

DEATHS

In 1961 4 cases were removed from the register by death. These deaths being registered in 1961. The causes were as follows:

- (1) Male 49 yrs. Infected cystic bronchiectasis.
 - Contributory cause healed pulmonary tuberculosis.
- (2) Male 63 yrs. Pulmonary tuberculosis.
- (3) Male 60 yrs. Vascular lesions of nervous system.

Contributory cause - chronic inactive pulmonary tuberculosis.

(4) Male 72 yrs. Meningitis. Contributory cause - resp. tuberculosis.

This last came into care following haemoptysis in 1960 but was a chronic case and a household contact had died from tuberculosis in 1954.

In 1961 4 deaths were assigned to respiratory tuberculosis. These included (1) and (2) above and in addition 2 males each aged 59 years who were not notified in life. The causes of death were pulmonary fibrosis due to pulmonary tuberculosis (Coroner's P.M.) and haemoptysis due to bilateral pulmonary tuberculosis (Coroner's P.M.). The latter case had died shortly after coughing blood and had not previously suspected illhealth.

TABLE X - TUBERCULOSIS - CONTINUED

(b) Non-respiratory.

NOTIFICATION IN RECENT YEARS

1953	5	1956	2	1956	2
1954	6	1957	2	1960	2
1953	6	1958	6	1961	8

The 8 new cases were: Neck glands - male age 13 yrs, females ages 16, 19 (+tonsil), 29 and 44 yrs. Knee - male age 32 yrs (onset 17 yrs before). Spine - female age 18 yrs. Foot joint - female age 13 yrs.

NUMBER OF CASES OF NON-PULMONARY TUBERCULOSIS ON REGISTER AT DECEMBER 31ST.

	Male	Female	Persons		Male	Female	Persons
1953	30	38 [.]	68	1958	28	33	61
1954	30	42	72	1959	25	30	55
1955	24	36	60	1960	25	31	56
1956	27	33	60	1961	27	35	62

CHANGES IN THE REGISTER WERE AS FOLLOWS:

Additions:

Removals:

New notifications	8	Left district	1
Moved into district	1	Recovered	1
	9		2

DEATHS

The death was a female aged 79. She was not on the register. Cause: Addison's Disease due to abdominal tuberculosis (Coroner's P.M.)

MASS X-RAY SERVICE, 1961

	Over 45 Industry M	service Public M	Routine Industry M F	Mass X-ray Public M F	To	e. tal Persons
Number X-rayed	1193	692	250 133	55 189	2190 322	2 2512
Resp. tuberculosis -						
No further action required Occasional	1	2	1 -		4 -	- 4
supervision Close supervision or	2	-	3 -	2 -	7 -	- 7
hospital treatment	1	-	1 -		2 -	- 2
Total resp. tuberculos	is 4.	2	5 -	2 -	13 -	- 13
Lung cancer	1	Cure			1 .	- 1
Other abnormalities -						
Neurofibroma Haematoma Pneumonitis Bronchiectasis Bronchitis & emphysema	1 1 3 1 2]		1 - 1 - 3 - 2 - 2 - 2 - 1	1 - 1 - 3 - 2
Pleural thickening Fractured ribs	1 1	-			1 .	- 1 - 1
Total other abnormalitie	s 10	-	1 -		11 -	- 11

TABLE XI - VACCINATIONS

(a) DIPHTHERIA

From the figures supplied by the County Medical Officer the following are derived:

NUMBER VACCINATED

	Age at 31st December	Primary inoculations done in the year	Reinforcing inoculations done in the year
1961	0 - 4 years	795	244
	5 -14 years	106	457
1960	0 - 4 years	794	139
	5 -14 years	37	279
1959	0 - 4 years	586	43
	5 -14 years	17	277
1958	0 - 4 years	528	46
	5 -14 years	38	210

The diphtheria vaccination figures include courses completed for diphtheria, diphtheria/tetanus, and diphtheria/whooping cough/tetanus.

PERCENTAGE OF CHILDREN WITH EFFECTIVE IMMUNITY - Immunisation is effective for about five years and then requires to be reinforced. However, the information regarding the numbers of those vaccinated which was included in previous reports is no longer available owing to the work involved in compiling these figures and the fact that they are no longer required in this form by the Ministry of Health.

INFANT VACCINATION RATE - Percentage of those born in a given year who were vaccinated in that year or the next:

Year of birth	Number of live births	Year Vaccinated	Number Vaccinated	%	Total	%
1961	824	1961 1962	376 ?	46	?	?
1960	735	1960 1961	332 331	45 45	663	90
1959	700	1959 1960	142 385	20 55	527	75
1958	688	1958 1959	113 353	16 51	466	68

COMPARISON WITH OTHER AREAS

	Dartford Rural Dist.	Dartford Borough	Kent
Percentage of those born in 1959 vaccinated in 1959 or 1960	73%	75%	67%
Percentage of those born in 1960 vaccinated in 1960 or 1961	86%	90%	83%

VACCINATION DONE BY GENERAL PRACTITIONERS AND CLINICS

These figures which were included in previous reports are no longer available.

TABLE XI - VACCINATIONS CONTINUED.

(b) SMALLPOX.

NUMBERS VACCINATED AND REVACCINATED by age at date of vaccination.

		Va	accinated			
Year	Under 1 year	1 - 2	2 - 4	5 - 14	15+	Total
1961	500	38	1,3	13	6	570
1959	433	38	3	14	9	494
1958	357	27	7	16	20	420
		Re-	vaccinated			
1961	977	7	<i>√</i>	-	6	6
1959				4	11	15
1958	-	1	L	10	29	40

For the year 1960 no figures were available

INFANT VACCINATION RATE

Up to the end of 1961 most infants who were vaccinated were vaccinated in the first year of life. The percentage of the number of births in a given year of those vaccinated while under one year of age in that year is used here as a vaccination rate.

		Number vaccinated	Percentage of births of those vaccinated					
	live births	under l year	of those vaccinated					
1961	824	500	61					
1960	735	No figures avai	ilable					
1959	700	433	62					
1958	688	357	52					
CHILD REV	ACCINATION RATE							
	oorn 1956 and 1 1956 or 1957	Children aged 5 - 14 revaccinated in 1961	Percentage revaccinated 1961					
	141	0	0					
GOMPARTON	COMPARTON WITHIN ORIGINAL ARTHOU							

COMPARISON WITH OTHER AREAS

	Dartford Rural Dist.	Dartford Borough	Kent	England & Wales
Percentage of 1961 births of those vaccinated under 1 year	61	61	58	40
Children aged 5 - 14 revaccinated in 1961 as percentage of infants born in 1956 and vaccinated	1	0	1	5

VACCINATION DONE BY PRIVATE DOCTORS AND CLINICS

These figures which were included in previous reports are no longer available.

TABLE XI - VACCINATIONS (CONTINUED)

(c) POLIOMYELITIS

Second injections received up to end of 1961

Born	Injected 1957	Injected 1958	Injected 1959	Injected 1960	Injected 1961	TOTAL
1957-1961		615	702	644 [,]	811	2772
1946-1956	1407	3781	836	103	228	6355+*
1943-1945		734+	254	16	47	1051+
1933-1942	-))	237	315)
1921-1932	_)	1080	6571-
Others) 942-¢) 2544) 1422	31)
TOTAL	1407	6072	4336	2422	2512	16749

^{*} injections started 1956.

ø may include some born in 1943.

Third injections received up to end of 1961

Born		Injected 1958	Injected 1959	Injected 1960	Injected 1961	TOTAL
1957-1961		18	679	632	711	2040
1946-1956	-	398	3745	604	426	5173
1943-1945		3+	888	167	29	1087
1933-1942))	1422	284)
1921-1932)	872	4557
Others	-) 22-¢) 1148	783	25)
		441	6461	3608	2347	12857

 ϕ may include some born in 1943 Percentage of young population vaccinated

		No. of 2nd.		No. of 3rd injections	Percentage of population
1957 - 1961	3579	2772	77%	2040	57%
1946-1956	6823	6355+	93%	5173	7.6%
1943-1945	1755	1051+	60%	1087	62%

School children under 12 years of age

Population	4th injection 1961	Percentage
4709	2472	52%

TABLE XI - VACCINATIONS (CONTINUED)

(d) WHOOPING COUGH

Primary courses of whooping cough vaccinations completed

Born	Injected 1958	Injected 1959	Injected 1960	Injected 1961	Total injected 1958-1961
1961	-	-	-	370	370
1960	-	-	332	308	640
1959	-	292	367	31	690
1958	229	281	32	17	559
1957	403	37	20	14	474
1952-1956	102	50	29	37	218
1947-1951	1	7	2	12	22
Before 1947	3	-	-	-	3
TOTAL	738	667	782	789	2976

Percentage of infants with primary vaccination

Born	No. of infants	No. vaccinated by end 1961	Percentage
1961*	807	370	46%
1960	724	640	89%
1959	689	690	100%
1958	668	559	84%

^{*} A large number of 1961 births will be vaccinated in 1962

(e) TUBERCULOSIS

Children in close contact with patients suffering from tuberculosis are, if necessary, vaccinated with B.C.G. The following vaccinations were carried out at the Chest Clinic, Dartford:

Children	under	15	years	of	age
1959	19	960]	1961
133	3	126			126

Some persons attend other clinics and therefore these figures are incomplete.

Vaccination of school children is carried out by the School Health services. These children are skin tested and those who do not react are vaccinated. Those who do react are referred to the Chest Physician for further investigation.

TABLE XII (a) - ACCIDENTS IN THE HOME.

Persons admitted to Dartford Group of Hospitals

Burns &									
	Age	F	alls	scalds		Poisoning	g. 0	ther	Total
1959	0		0	7					
	0 - 5 - 6	4 4	2	7 6		1		2 5	11 16
	65+		14(4 die	d) -				_	14
	`	1 2	20	13		1		7	41
1960	0 -	4	2	3 1		3		3	11
	5 - 6	4	2			- 1		3	8
	65+		L6(5 die —	d) -			_		16
		2	24	4		3		4	35
1961	0 -		3	1		1		1	6
	5 - 6	4	3(1 die 16(3 die	d)* -		4		7	14
	65+			a)* 2			_		19
22 3 5 9 · 39 x									
			Death	s at ho	me				
1959	65+		6	-		5		_	6
1960	65+		2	_				_	2
1961			_	_				_	0.1
		Leng	gth of s	tay in	hospi	ital			
	Under 1 week	1-	2-	3-	4-	8-	12-	13+	Cases
1959	12	10	8	2	2	2		5	41
	9		2						
1960		3	2	5	7	5	1	3	35
1961	14	7	-	4	4	6	1	3	39

- x In addition there were two deaths following fractures due to falls which were the result of disease. Ages 66 and 73 years. There was also a death of a person aged 103 from circulatory disease who had been admitted to hospital at age 98 for fractured femur following fall downstairs and had been in hospital since then.
- * Each of these deaths followed fractures of femur but all were assigned to circulatory disease and do not appear as deaths due to accidents in tables. Ages 72, 82, 88 and 91. Intervals between fracture and death 62 days, 22 days, 57 days and 5 days respectively.

TABLE XII (b)

ACCIDENTS IN THE HOME - MOTOR VEHICLE ACCIDENTS.

YEARS OF LIFE LOST - ENGLAND & WALES, 1961.

In the information put before the public in regard to accidents in the home emphasis is placed upon the fact that death returns show that more lives are lost through accidents in the home than through motor vehicle accidents.

It must however be remembered that a high proportion of deaths through accidents in the home occur amongst the aged whereas motor vehicle accidents include a high proportion of deaths amongst the young section of the population. When years of "life lost" is used to measure this misfortune a different picture is obtained.

There is a method in the use of death records which gives the years of "working life" lost and the years of "total life" lost for any cause of death. "Working life" is taken as life from the age of 15 to 64. "Total life" is taken as all the years up to the age of 85.

The Registrar General has provided the relevant calculations for England and Wales for 1961 and they are given in the table below.

It will be seen that the number of deaths from accidents in the home is greater than from motor vehicle accidents for females but not for males. For both sexes the mean age of death is greater for accidents in the home than for motor vehicle accidents.

The "working life" lost is less for accidents in the home compared with motor vehicle accidents for both sexes. For males the "total life" lost from accidents in the home is about a quarter of that from motor vehicle accidents whereas for females it is about the same for the two causes of death.

England and Wales

	Tota	l deaths		Years of life lost per 10,000 population				
Cause of death	Number	Rate per 10,000 population	Mean age at death	Ages 15-64	Total to age 85			
Accidents in the home and residential institutions (E870 - E936-0-7) Male Female	2,481 4,401	1 2	57.1 71.6	15 10	23 27			
Motor vehicle accidents (E810 - E835) Male Female	4,753 1,881	2 1	40.7 50.8	52 13	91 25			

TABLE XIII (a)

TOWN DEATHS BY OCCUPATION FOR THE YEARS 1953-59

		MALES					
19	F otal	I	II	III	IA	V	х*
All causes	1476	33	200	755	199	267	22
Tuberculosis, respiratory Malignant neoplasm, stomach	22 30	1 -	1 5	13 17	2	5 3	- 1
Malignant neoplasm, lung, bronchus Other malignant & lymphatic	84	3	9	42	9	19	2
neoplasms Vascular lesions of nervous	150	2	30	78	17	22	1
system Coronary disease, angina	152 290	3 10	19 48	81 144	23 39	26 45	- 4
Hypertension with heart disease Other heart disease	20 149	- 3	3 20	11 76	<u>-</u> 15	6 32	- 3
Other circulatory disease Pneumonia	90 71	2 3	16 6	45 30	14 12	13 18	2
Bronchitis Other diseases of respirator system	127 ry 22	-	14	63 11	20	27 7	3
Other defined and illdefined diseases	114	2	14	58	21	15	4
Motor vehicle accidents Suicide Other causes (where less the	23 22	1	2	14 10	3 5	5 4	-
20 deaths occurred)	110	2	10	62	14	20	2
		FEMALES	5.				
All causes	1318	36	212.	636	214	184	36
Malignant neoplasm, stomach Malignant neoplasm, breast Malignant neoplasm, uterus	33 42 22	1 2	3 10 4	17 18 11	9 6 1	3 6 3	1 1 1
Other malignant and lymphat neoplasms Vascular lesions of nervous	130	2	29	68	15	16	-
system Coronary disease, angina Hypertension with heart	205 161	7	35 29	92 83	32 24	36 21	3
disease Other heart disease Other circulatory disease Pneumonia	21 202 89 65	- 5 2 2	1 29 10 14	11 94 44 27	4 38 15 15	3 25 14 6	2 11 4 1
Bronchitis Other defined and illdefine	65 d	5	7	31	10	10	2
disease Other causes (where less th 20 deaths occurred)	143 an 140	4	21	71 69	24	19 22	4 5

^{*} X = class unknown.

TABLE XIII (b)

DEATHS BY OCCUPATION FOR THE YEARS 1953-59 DEATH RATE PER 1,000 ALL CAUSES

MALES

	ENGLAND & WALES*	TOWN				
	All Classes	All Classes	I & II	III	IV & V	Х
All causes	1,000	1,000	1,000	1,000	1,000	1,000
Tuberculosis, respiratory Malignant neoplasm, stomach Malignant neoplasm, lung,	11 29	15 22	9 23	17 22	15 15	- 45
bronchus Other malignant & lymphatic	63	57	52	56	60	90
neoplasms Vascular lesions of nervous	90	102	135	103	84	45
system Coronary disease, angina Hypertension with heart	115 193	· 103 196	93 245	107 190	105 180	180
disease Other heart disease	19 116	14 100	13 100	15 101	13 101	- 135
Other circulatory disease	41	61	81	60	58	199
Pneumonia	45	48	38	40	65	90
Bronchitis Other diseases of respirato	74	86	60	84	101	135
system Other defined and illdefine	13	15	13	15	17	-
diseases	72	77	68	77	77	180
Motor vehicle accidents	15	15	5	18	17	-
Suicide Other causes (where less th	11 an	15	13	13	19	-
20 deaths occurred)	93	74	52	82	73	90
	FEMALE	S				
All payage	1 000	1 000	1 000	1 000	1 000	1 000
All causes	1,000	1,000	1,000	1,000	1,000	1,000
Malignant neoplasm, stomach		25	12	26	30	28
Malignant neoplasm, breast Malignant neoplasm, uterus	35 16	32 16	44 24	28 18	30 10	28 28
Other malignant and lymphat		10	24	10	10	20
neoplasms	85	99	125	106	78	-
Vascular lesions of nervous system		155	169	7.45	1771	0.7
Coronary disease, angina	175 · 125	155 122	129	145 131	171 114	83 28
Hypertension with heart						
disease	27	16	4	18	17	56
Other heart disease Other circulatory disease	179 50	153 68	137 49	148 69	158 73	304 111
Pneumonia	49	50	65	42	53	28
Bronchitis Other defined and illdefine	35	50	49	49	50	56
Other defined and illdefine disease	92	108	101	112	108	111
Other causes (where less the 20 deaths occurred)	an 108	106	92	108	108	139

^{*} Figures for year 1958.

APPENDIX I.

HOUSING .

NEW DWELLINGS.

	The following	dwellings	have b	een com	pleted	in the	last six	years:	-
			1956	1957	1958	1959	1960	1961	
	By Council By Private		227 86	152 217	68 254	124 283	78 175	109 82	
			313	369	322	407	253	191	
	The dwellings	completed	by the	Council	were a	s follo	ows:-		
						1959	1960	1961	
		oms cooms			54 58 2 4	12 65 -	38 60 9 2		
		Bungalows				8	1		
						126	78	109	
APPLICA	NTS FOR COUNCI	L HOUSES.							
1	Number of appl:	icants on w	vaiting	list at	end of	Decemb	er 1958	- 1272	

Number of applicants on waiting list at end of December 1959 - 1265 Number of applicants on waiting list at end of December 1960 - 1276
Number of applicants on waiting list at end of December 1961 - 1268

HOUSING PRIORITY ON MEDICAL GROUNDS.

Recommendations were as follows:-

	Tul	perculosis.		Othe	r than t	ubercul	osis
		ications re			applicat		
		1 - 5 6	- 10	Total	0 1	- 5 5	- 10
1960 (a)* (b)* 1961 (a)* (b)*	2 1 16 - 3 - 14 -	1 14 3 14	- 2 -	19 69 19 80	20 4 6 1	4	1 5 -
UNFIT HOUSES.	26.2	0:1 1 - 4 - 0			3.05		
	Made Demoi	fit by inf fit by sta lished by C ed by Statu lies displa	tutory no ouncil action	tice tion	105 20 22 3 21		
Fi	ve year pro	ogramme -					
		es dealt wi		_+	194		
	nous	es in which	final:		16		
	House	es not yet Houses	reported of in progra		39 249		
STATUTORY OVERCR		n cases			Nil		
IMPROVEMENT GRAN		n cases			MIT		
IMINO VENIENT GRAN		er of dwell	ings impre	oved	29		
CARAVANS.					-		
		licences i er of carav			3 12		

^{* (}a) = for transfers, (b) = for rehousing

APPENDIX II.

WATER.

GATHERING GROUND.

The chalk below this district is part of the gathering ground for this part of Kent. The wells of the Metropolitan Water Board draw this water which is pumped into a grid system from which this and neighbouring districts obtain their supply. One of the Kent Area wells of the Metropolitan Water Board is in the centre of Dartford.

ACCESSIBILITY OF SUPPLY.

All the permanent dwellings of Dartford Borough have the Board's water piped into them. Two hospitals and three factories have their own well supplies. When necessary the hospital supplies are supplemented or supplanted by the Metropolitan Water Board supply which is kept accessible for this purpose.

QUANTITY.

Abundant, at present.

QUALITY.

(a) Bacteriological.

In the following the number of E. coli, type 1 per 100 ml. is used to summarize the information provided by samples.

	Number of samples.	E.coli type 1. Av. count per 100 ml.
Dartford Metropolitan Water Board well (raw water	210	0
West Hill hospital (raw water)	9	0
Bexley hospital (chlorinated in well)	4	0
J. & E. Hall's (3 wells) (raw water)	9	0
Dartford paper mills (raw water)	4	0
London paper mills (2 wells) (raw water)	6	0

(b) Chemical.

In the following the number of parts per million of albuminoid ammonia as nitrogen is used to summarize the information provided by samples.

	Number of samples.	Av. Alb. Am p.p.m.
Dartford Metropolitan Water Board well	4	0.03
West Hill hospital well	1	0.01

SWIMMING BATHS.

Bacteriological analysis of swimming bath water is done to ascertain the sterilizing ability of the chlorine dosage on the pollution introduced by bathers.

	Number of samples.	Av. count per 100 ml.
Burnham Road -		
Shallow end	10	0
Deep end	10	0
Dartford College of Physical Education -		
Shallow end	5	0
Deep end	5	0

APPENDIX III.

DRAINAGE.

With the few exceptions mentioned below all the dwellings in the Borough are on main drainage, the sewage being led to the works of the West Kent Main Sewerage Board on the periphery of the Borough by the River Thames. On rare occasions heavy rainfall causes surface water to overload the sewers and results in diluted sewage gaining temporary access to the surface in the town.

The work carried out in 1961 on the instigation of the Council's Public Health Inspectors was as follows:-

Cesspools	emptie	i			0
11	repair	ed			0
11	abolish	ned			0
Drainage.	systems	cleared			380
H	11	repaired	and/or	tested	74

Where drainage other than main drainage was in use the position at the end of 1961 was as follows:-

Houses with cesspool drainage (foul and	
sink waste)	41
Houses with cesspools for foul water	
only	1
Houses with cesspools for sink drainage,	
and earth or chemical closets	4
Houses with septic tanks and filters	7
Factories with cesspools	4
Factories with septic tanks	4
Factories with Chemical Closets	4

Certain of these cesspools are emptied by the Council, others are never emptied.

APPENDIX IV.

FOOD HYGIENE.

FOOD PREPARATION. The following table shows the number of food premises of various types in the Council's area and the number of visits of inspection or re-inspection paid to such premises by the Council's Public Health Inspectors. All premises in which the food is prepared or stored for sale for human consumption are inspected at least twice in every year. Some are inspected as a routine measure three times in every year and some quarterly. The frequency of inspection varies according to the type of business carried on and the manner in which the particular business is conducted.

	Number of premises	Number of inspections.
Bakehouses	6	39
Butchers	26	206
Cafes, restaurants, canteens etc.	65	239
Confectioners - Sugar confectionery	42	108
Flour confectionery	8	100
*Dairies	2	8
Fish fryers	11	27
Fishmongers (not fryers)	27	128
Greengrocers	31	130

	Number of premises.	Number of inspections.
Grocers Mixed grocers and greengrocers	63 13,	376
Ice cream premises (including manufacturers)	92 ^ø	93
Licensed premises (non-catering)	36	120
Slaughterhouses	1	40

* Although two premises are registered as dairies, one only is used as , such and this only on rare occasions.

This figure represents the number of premises registered, most of which are grocers or confectioners and inspections of which are recorded under those headings.

Registered premises. In accordance with the provisions of Section 16 of the Food and Drugs Act, 1955 the following table indicates the number of premises registered for:-

Sausage making and cooked meats	34
Curing and preservation of fish	4.
Ice cream manufacture and sale	1
Ice cream storage and sale	91

Visits to these premises are included in the figures tabulated above.

As a result of the foregoing inspections, 36 notices were served and 39 notices were complied with during the year. The following summarises the defects remedied:-

Premises and equipment cleansed, repaired or improved	21
Provision of first aid or cleansing facilities	14
Protection of food from risk of contamination	10
Repair or cleansing of sanitary accommodation	9
Miscellaneous	14

MILK. The Regulations require this Council to register (a) dairies not being dairy farms, (b) distributors, i.e. dairymen other than dairy farmers. In 1961 2 dairies and 45 distributors were registered. All milk sold must be designated milk and regulations require dealers selling this milk to be licensed by this Council. Licences issued in 1961 were as follows:-

Designation.	Number of licences issued.
Tuberculin tested	13
Pasteurized	13
Sterilized	14

Milk sold under these designations must comply with certain prescribed tests otherwise the licence may be withdrawn. For the purpose of these tests the following samples were submitted to the County Analyst by the Council's Public Health Inspectors.

Tuberculin tested	3)	All	
Pasteurized	16)	satisfied th	e prescribed
Sterilized	6)	tests.	

ICE CREAM. Ice cream can be tested for cleanliness by the time it takes to bleach methylene blue, the longer the time the cleaner the ice cream. Anything shorter than $2\frac{1}{2}$ hours (i.e. Grades III & IV) means that the conditions of manufacture and handling require investigation. The results of samples submitted

to the laboratory by the Council's Public Health Inspectors were as follows:-

	Hot	Mix
	Manufactured	Manufactured
	inside	outside
	district.	district.
Grade I	7	6
Grade II	i	7
Grade III	1	1
Grade IV	2	41 -71

Four samples of unfrozen.ice cream mix taken in the course of investigations into manufacturing technique were of Grade II quality.

MEAT. There is no licensed slaughterhouse in the Borough but all the animals killed at a large hospital within the Council's area were inspected by the Council's inspectors. The following figures are in respect of animals killed at the Hospital:-

Calves 12 Pigs 352

For diseases other than tuberculosis, parts of 41 pigs! carcases representing 12% were rejected. For tuberculosis, parts of 2 pigs! carcases representing 0.6% were rejected. The calves carcases were free from disease.

During the course of the year proposals were approved and work started in connection with the modernisation of the slaughterhouse at Bexley Hospital Farm in order to provide conditions which would conform with those prescribed in the Slaughterhouse (Hygiene) Regulations 1958.

SEIZURE OR SURRENDER OF UNSOUND FOOD. $1\frac{3}{4}$ tons of unsound food was surrendered during 1961. This included $6\frac{1}{2}$ cwt. beef, 1 cwt. prunes, 1 cwt. of marshmallows, 4 cwt. of frozen foods, 16 cwt. of tinned foods.

Food unfit for consumption exposed for sale.

Items of food obtained by routine sampling or brought to the office with customers' complaints were thought unfit for consumption for the following reasons:-

Alleged to	have caused	sickness	3	-	com	plaints not	confirmed.
Tainted or	"off"		10	-	5 cc	onfirmed.	
Moulds			5	-	All	complaints	confirmed.
Fermenting			1	-	11	41	11
Dirt			4	-	11	11	11
Undeclared	preservative		4	_	11	11	
Insects or	their larvae	•	6	-	11	11	**

LEGAL PROCEEDINGS. Proceedings were instituted as follows:-

Food Hygiene Regulations, 1955 Regulation 9 (e) Use of tobacco. Smoking in bakehouse. A fine of £7 was imposed with three guineas costs.

Milk and Dairies (General)
Regulations, 1959.

Use of dirty milk bottle for milk. A fine of £3 was imposed with six guineas costs.

FOOD QUALITY.

SAMPLING.

159 informal samples were obtained by the Council's Public Health Inspectors of food and drugs exposed for sale and submitted to the Public Analyst for examination.

l sample was reported as adulterated namely a deficiency of meat in sausage meat.

20 were reported as inferior, some of these are included with those listed above as unfit, others amongst the 8 specimens brought to the office with foreign material in the food.

LEGAL PROCEEDINGS. Proceedings were instituted under the Food and Drugs Act 1955, Section 2 in four cases with the following results:

Sale of mouldy apple strudel. Sale of mouldy swiss roll. Sale of mouldy sponge cake. Sale of bread containing stone. Fine £25.
Fine £15 + 7 guineas costs.
Fine £15.
Dismissed. Origin of stone uncertain.

APPENDIX VI.

AIR HYGIENE.

During the year 1959 in response to Circular No. 5 of 1959 from the Ministry of Housing and Local Government, the Council submitted a phased programme for the establishment of Smoke Control Areas for a period of five years and gave as the target year for the completion of the Smoke Control Area programme, 1974. The first areas to be controlled were to be on the South West quadrant of the town. The Council's No. 1 Smoke Control Order was made in August, 1960. The only exemption in the Order was the standard one permitting the use of sticks and paper for lighting fires in buildings separately occupied without a gas supply. The intended operative day was the 20th. June, 1961 but in view of five unresolved objections an inquiry was held. The Order was confirmed and came into operation in November, 1961. Details of the area are as follows:-

Approximate acreage	93	Number of dwellings	550
Industrial premises	6	Commercial premises	3
Other premises	9		

Bituminous coal to be replaced by smokeless fuels 614 tons.

Numbers and costs of new appliances requiredL-

	Open fires	Gas or electric fires	Open fires with boilers	Free standing openable stoves	Other Appliances
Number	324	36	55	15	Nil
Cost	£1, 296	£ 354	£ 220	£225	Nil
Cost of p	provision	of gas or e	electric point	s	£2,242
Total es	timated co	st of works	3		£6,040

Conversions were carried out at 184 municipally owned houses and 141 privately owned dwellings - the total cost of conversions at the latter was £2,357.

During 1961 6 complaints regarding smoke nuisance from bonfires were dealt with by the Council's Public Health Inspectors.

APPENDIX VII

VERMIN CONTROL AND DISINFECTION.

Rats and Mice.

Complaints of infestation	243
Infestations found by independent survey	14
Premises treated for rats	154*
Premises treated for mice	34*

Premises involved.

^{*} In addition to these bait was given or sold for the treatment of 9 infestations and 39 mice infestations.

	Complaints.	Treatments.
Bed bugs	11	14
Woodworm	1	11.00
Wasps' nests (charge 5/-)	26	27
Fleas	4	4
Other insects	16	3
Premises disinfected for tuberculosis		8

APPENDIX VIII

HYGIENE OF PLACES OF WORK.

FACTORTES. The Council enforces the provision of sanitary conveniences in all factories. In factories without mechanical power the Council also enforces the provision of adequate cleanliness, temperature, ventilation and drainage.

Number on register - December 1961	213
Inspections in 1961	425
Defects found	7
Defects remedied	7
Outworkers in the Borough - December 1961	28

SHOPS. The Council enforces the provision of adequate sanitary accommodation, temperature, washing facilities, seats, ventilation, closing hours and meal intervals.

Inspections made in 1961	105
Notices served	3
Notices complied with	3

APPENDIX X.

HYGIENE FACILITIES PROVIDED BY COUNCIL.

SLIPPER BATHS. The Council provide and maintain the public slipper baths and washing facilities at Spital Street. The number of persons using these were -

	1959	1960	1961
Men	15,357	15,512	14,017
Boys	491	531	540
Women	3,774	3,220	3,558
Girls	445	441	476
	20,067	19,704	18,591

PUBLIC CONVENIENCES. The Council provide conveniences at Spital Street, Market Street, The Brent, Hesketh Park and Central Park.

DUSTBINS. The policy of the Council in the event of no dustbin being provided by either owner or occupier is to provide a bin and recover a sum of 7s. 6d. with the rates on April 1st. New bins supplied during the period were as follows:-

New bins (initial supply) 31
Replacements for bins previously supplied
by the Council 8

PUBLIC HEALTH COMMITTEE.

1961 - 1962.

Chairman: Alderman Mrs A. Ager.

Deputy Chairman: Councillor A. E. Exeter.

The Mayor (Councillor J. S. R. Wise) Councillor E. C. G. Lanyon.
The Deputy Mayor (Alderman E. T. Lenderyou) Councillor D. H. H. Stubbs.
Councillor A. L. Cowell. Councillor R. A. Wells.
Councillor J. Huggett.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health (Part Time) Chief Public Health Inspector Additional Public Health Inspectors.

Pupil Public Health Inspector. Chief Clerk. Clerk.

J. H. HUDSON.
T. H. IDDISON.
J. WANN.

K. PALMER.
J. WIGHTMAN.

J. WIGHTMAN.
T. E. HAYGREEN.
MISS E.SORRELL.
MRS M. PESTELL.